

Instructions For Notice of Motion For Simplified Modification Of Support

WHEN TO USE THIS PACKET

You can use this packet to ask the court to modify an existing order for child, spousal or family support. They can be used in pre-existing Family Support cases or if the other party has already “appeared” in the action by asking the court to make order in the case.

Once the documents are filled out and filed with the court, you will be given a court date.

This packet includes a “**Notice of Motion for Simplified Modification** ” [FL-390], “**Financial Statement**” [FL 155], and a “**Proof of Service by Mail**” [FL 335] along with instructions for completing the forms. There is also a blank “**Responsive Declaration**” [FL 392], which is served with the above documents.

Filing Fee in Family Support Cases:

There is a \$26 filing fee for filing the enclosed forms if you have already appeared in this case. If you have not appeared before, there is an additional first time filing fee of \$233.

Filing Fee in Family Law Cases:

There is a \$37 filing fee for filing the enclosed forms if you have already appeared in this case. If you have not appeared before, there is an additional first time filing fee of \$303. You may be eligible for a “**Fee Waiver**” which is available as a separate packet.

Once the Notice of Motion documents are filled out, filed with the court and a court date assigned, a copy of the Notice of Motion and other documents must be served on all other parties by having someone mail the other parties a copy of the documents. The Proof of Service by Mail must be completed by the person who serves the Notice of Motion on the other parties and then filed with the court.

Note: you may personally serve the other parties. If you want to personally serve the other parties you will need a “**Proof of Personal Service**” [FL-330].

SAMPLE

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to F.C. §§ 17400, 17406) (Name, State Bar Number, and Address): <div style="text-align: center;">1</div>		TELEPHONE NO.: 	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002 <div style="text-align: center;">2</div>			
PETITIONER/PLAINTIFF: 			
RESPONDENT/DEFENDANT: <div style="text-align: center;">3</div>			
OTHER PARENT: 			
4 NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		CASE NUMBER:	

TO (name): **5**

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify): **7**

- 8** 2. I am requesting the court to change the amount currently payable by
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:
- a. ☐ child support pursuant to the California child support guideline commencing (date):
 b. ☐ spousal support of: \$ per month beginning (date):
 c. ☐ family support of: \$ per month beginning (date):
 or such other sums as may be appropriate pursuant to applicable guidelines.
3. I am requesting issuance of modified earnings assignment.
4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage
 Assignment (form FL-470).
5. (Check whichever statements are true, if any)
 a. ☐ An application for public assistance (TANF) for the children is pending in (county name): County.
 b. ☐ The children are receiving public assistance from (county name): County.
 c. ☐ This request is made by the governmental agency providing support enforcement services in this action.
6. This request is based on
 a. the attached completed Financial Statement (Simplified) (form FL-155) or Income and Expense Declaration (form FL-150)
 for the applicant.
 b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 c. ☐ the attached guideline support calculation sheet.
 d. ☐ other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-390 (Rev. January 1, 2003)NOTICE OF MOTION AND MOTION FOR SIMPLIFIED
 MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORTPage 1 of 2
 Family Code, § 3620
 www.courtinfo.ca.govAmerican LegalNet, Inc.
 www.USCourtForms.com*How to fill out*

NOTICE OF MOTION AND SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL AND FAMILY SUPPORT (FL-390)

DIRECTIONS

- Find the number on the sample form. *Example:* **1**
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it

- 1** Write your name, address and telephone number here.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the full names (first, middle, last) of the parties. You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started the case against you.
- 4** Check the box for the type of support you are asking to modify – child, spousal or family.
- 5** Write the name of all the other parties in the case – for example County of Fresno and the other parent.
- 6** DO NOT FILL IN. Take this form to the Facilitator's Office or downtown courthouse 4th floor for the court date.
- 7** Check the box if the hearing is at the address listed in **2** above. If the hearing is being held somewhere else, check that box and write in the address.
- 8** If you want the court to change the amount of support being paid fill out item 2. Check the box for the person paying the support. Check box 2(a) if you want to change the child support and write in the date you want the change to take start. Check box 2(b) if you want to change spousal support, write in the new amount and write in the date you want the change to start. Check box 2(c) if you want to change family support, write in the new amount and write in the date you want the change to start.

FL-155

1. Petitioner/Respondent name and address

2. County of residence

3. Branch name

4. Income source (TANF, SSI, GA/GR)

5. Children's living arrangements

6. Filing status

7. Monthly income before taxes

8. Monthly expenses

9. Other children

10. Employment status

11. Employer information

FINANCIAL STATEMENT (SIMPLIFIED)

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- Find the number on the sample form.
Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Don't use this form for:** Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	CASE NUMBER: _____
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10. My estimate of the other party's gross monthly income (*before taxes*) is _____ \$

11. My current spouse's monthly income (*before taxes*) is _____ \$

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*). _____

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment
 - Interest
 - Workers' compensation
 - Social security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

FL-155 (Rev. January 1, 2004) Page 2 of 2

FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12 List the full name of both parties in the case.
- 13 Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15 Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16 Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. ☐ I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2. ☐ I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (check one or more):
- ☐ My income is incorrectly stated.
 - ☐ The other parent's income is incorrectly stated.
 - ☐ I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - ☐ The other parent is not entitled to hardship deductions as claimed.
 - ☐ The amount of support is not computed correctly.
 - ☐ OTHER (specify):
3. I have attached the following:
- A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - ☐ A guideline support calculation sheet.
 - ☐ OTHER (specify):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 2

Form Adopted for Mandatory Use
Judicial Council of California
FL-392 (Rev. January 1, 2005)

**RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT**

Family Code, § 3680
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

How to fill out

RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT (FL-392)

DIRECTIONS

- **Leave this blank.**
The other party fills out this form.

Leave this form blank. This form is served on the other party. The other party fills out this form.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ①
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address):</small> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">1</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><small>ATTORNEY FOR (Name):</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">2</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">PETITIONER/PLAINTIFF: <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">3</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">RESPONDENT/DEFENDANT: <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">4</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">OTHER PARTY: <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">5</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">PROOF OF SERVICE BY MAIL</div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div>
<small>NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).</small>	
<small>1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</small>	
<small>2. My residence or business address is:</small> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">6</div>	
<small>3. I served a copy of the following documents (specify):</small> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">7</div>	
<small>by enclosing them in an envelope AND</small> <div style="display: flex; font-size: small;"><div style="margin-right: 10px;">a. <input type="checkbox"/> depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.</div><div>b. <input type="checkbox"/> placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</div></div>	
<small>4. The envelope was addressed and mailed as follows:</small> <div style="display: flex; font-size: small;"><div style="margin-right: 10px;">a. Name of person served:</div><div>b. Address:</div><div style="margin-left: 10px; text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">8</div></div> <div style="display: flex; font-size: small;"><div style="margin-right: 10px;">c. Date mailed:</div><div>d. Place of mailing (city and state):</div></div>	
<small>5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</small>	
<div style="display: flex; font-size: small;"><div style="margin-right: 10px;">Date:</div><div style="text-align: center; font-size: 24px; font-weight: bold; margin: 5px 0;">9</div></div> <div style="display: flex; margin-top: 5px;"><div style="flex: 1; border-bottom: 1px solid black; text-align: center; font-size: x-small;">(TYPE OR PRINT NAME)</div><div style="flex: 1; border-bottom: 1px solid black; text-align: center; font-size: x-small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div>PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div>	

NOTE: the person serving the papers will use this form if they mailed the papers.

- ①** Write your name, address, and telephone number.
- ②** If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③** Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ④** Write the home or business address of the person who will serve the papers.
- ⑤** Write the names of the papers served. (For example, “Notice of Motion.”)
- ⑥** Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ⑦** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF SERVICE BY MAIL (Family Law) FL-335

- page two -

There is nothing to fill out on this page, but you should read these instructions.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): 	TELEPHONE NO.: 	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		CASE NUMBER:

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by

☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:a. ☐ child support pursuant to the California child support guideline commencing (date):b. ☐ spousal support of: \$ per month beginning (date):c. ☐ family support of: \$ per month beginning (date):

or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

a. ☐ An application for public assistance (TANF) for the children is pending in (county name): County.b. ☐ The children are receiving public assistance from (county name): County.c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parentc. ☐ the attached guideline support calculation sheet.d. ☐ other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
CASE NUMBER:	

PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):

a. ☐ **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

☐ (1) Name of party or attorney served: _____

☐ (2) Name of local child support agency served: _____

(a) Address where delivered: _____

(b) Date of delivery: _____

(c) Time of delivery: _____

b. ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

☐ (1) Name of party or attorney served: _____

☐ (2) Name of local child support agency served: _____

(a) Address: _____

(b) Date of mailing: _____

(c) Time of mailing: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED MOTION)

NOTICE OF MOTION AND MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT

FL-390 (Rev. January 1, 2003)

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
b. The children from this relationship are with the other parent this amount of time _____ %
c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*): _____
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income (*before taxes*) per month is _____ \$

<input type="checkbox"/>	Salary/wages: Amount before taxes per month	\$ _____
<input type="checkbox"/>	Retirement: Amount before taxes per month	\$ _____
<input type="checkbox"/>	Unemployment compensation: Amount per month	\$ _____
<input type="checkbox"/>	Workers' compensation: Amount per month	\$ _____
<input type="checkbox"/>	Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month	\$ _____
<input type="checkbox"/>	Disability: Amount per month	\$ _____
<input type="checkbox"/>	Interest income (from bank accounts or other): Amount per month	\$ _____

6. I pay the following monthly expenses for the children in this case:

a. <input type="checkbox"/>	Day care or preschool to allow me to work or go to school	\$ _____
b. <input type="checkbox"/>	Health care not paid for by insurance	\$ _____
c. <input type="checkbox"/>	School, education, tuition, or other special needs of the child	\$ _____
d. <input type="checkbox"/>	Travel expenses for visitation	\$ _____

8. I spend the following average monthly amounts (*please attach proof*):

a.	<input type="checkbox"/>	Job-related expenses that are not paid by my employer (<i>specify reasons for expenses on separate sheet</i>)	\$ _____
b.	<input type="checkbox"/>	Required union dues	\$ _____
c.	<input type="checkbox"/>	Required retirement payments (not social security, FICA, 401k or IRA)	\$ _____
d.	<input type="checkbox"/>	Health insurance costs	\$ _____
e.	<input type="checkbox"/>	Child support I am paying for other minor children of mine who are not living with me	\$ _____
f.	<input type="checkbox"/>	Spousal support I am paying because of a court order for another relationship	\$ _____
g.	<input type="checkbox"/>	Monthly housing costs: <input type="checkbox"/> rent or <input type="checkbox"/> mortgage	\$ _____

Employer:
Address:
Telephone number:
My occupation:
Date work started:
Date work stopped

Page 1 of 2

Date:

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

12. Other information I want the court to know concerning child support in my case (attach extra sheet with the information).

11. My current spouse's monthly income (before taxes) is \$

10. My estimate of the other party's gross monthly income (before taxes) is \$

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

INSTRUCTIONS

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?

- Welfare (such as TANF, GR, or GA)
- Salary or wages
- Disability
- Unemployment
- Retirement
- Social security
- Workers' compensation
- Interest

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money. Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return.

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. ☐ I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2. ☐ I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (check one or more):
- a. ☐ My income is incorrectly stated.
 - b. ☐ The other parent's income is incorrectly stated.
 - c. ☐ I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - d. ☐ The other parent is not entitled to hardship deductions as claimed.
 - e. ☐ The amount of support is not computed correctly.
 - f. ☐ OTHER (specify):
3. I have attached the following:
- a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - b. ☐ A guideline support calculation sheet.
 - c. ☐ OTHER (specify):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
CASE NUMBER:	

PROOF OF SERVICE

This *Responsive Declaration* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the child is receiving TANF, the *Responsive Declaration* must also be served on the local child support agency of the county where the action is filed. Service of the *Responsive Declaration* on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you.

Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed.

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):

a. ☐ **Personal service.** I personally delivered a copy of the *Responsive Declaration* to Motion for Simplified Modification of Order for Child, Spousal, or Family Support as follows:

☐ (1) Name of party or attorney served: _____

☐ (2) Name of local child support agency served: _____

(a) Address where delivered: _____

(a) Address where delivered: _____

b. ☐ **Mail.** I deposited a copy of the *Responsive Declaration* to Motion for Simplified Modification of Order for Child, Spousal, or Family Support in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

☐ (1) Name of party or attorney served: _____

☐ (2) Name of local child support agency served: _____

(a) Address: _____

(a) Address: _____

(b) Date of delivery: _____

(b) Date of mailing: _____

(c) Time of delivery: _____

(c) Time of mailing: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.

2. Print your home or business address.

3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).

a. Check this box if you put the documents in the regular U.S. mail.

b. Check this box if you put the documents in the mail at your place of employment.

4. a. Print the name you put on the envelope containing the documents.

b. Print the address you put on the envelope containing the documents.

c. Write in the date that you put the envelope containing the documents in the mail.

d. Write in the city and state you were in when you mailed the envelope containing the documents.

5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.